



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: CHANG, et al.,)	Examiner: (parent appl)
)	
Serial No.: Pending)	Group Art Unit: (parent appl)
)	
Filed: Herewith)	
)	
For: COMBINATION OF BRIMONIDINE AND)	
TIMOLOL FOR TOPICAL OPHTHALMIC)	
USE)	Irvine, California
)	

NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop: Patent Application
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter - 3 pgs.
- (x) Specification (21 pages) Claims (4 pages); Abstract (1 page)
- () Drawings (sheets)
- (x) Associate Power of Attorney
- (x) Copy of original executed Declaration/Power of Attorney
- (x) Copy of original executed Assignment w/ Cover sheet
- (x) Information Disclosure Statement PTO-1449 Forms from the previously submitted parent application serial no.10/126,790 (cited references not enclosed)
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV295682280US

This application is a CONTINUATION of prior pending application serial number 10/126,790, filed April 19, 2002.

Dated: October 13, 2003

Brent A. Johnson
 Registration No. 51,851

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that this Transmittal Letter and above-identified documents are being deposited with the United States Postal Service on **October 13, 2003** in an envelope as "Express Mail Post Office To Addressee" mailing label number EV295682280US with sufficient postage for Express Mail addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: October 13, 2003

Susan Bartholomew
 Name of person mailing paper

Signature of person mailing paper

NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL (CONTINUATION) patent application under 37 CFR 1.53(b) entitled **COMBINATION OF BRIMONIDINE AND TIMOLOL FOR TOPICAL OPHTHALMIC USE** by the following named inventor:

1	Full Name of Inventor	Last Name: CHANG	First Name: CHIN-MING	Middle Name:	
	Residence and Citizenship	City Tustin	State or Foreign Country: CALIFORNIA	Citizenship U.S.A.	
	Post Office Address	Post Office Address: 11645 Maynard Avenue	City: Tustin	State or Country: California	Zip Code: 92782
2	Full Name of Inventor	Last Name: BECK	First Name: GARY	Middle Name: J.	
	Residence and Citizenship	City: Fullerton	State or Foreign Country: CALIFORNIA	Country Of Citizenship: U.S.A.	
	Post Office Address	Post Office Address: 2085 Smokewood Avenue	City: Fullerton	State or Country: California	Zip Code: 92681
3	Full Name of Inventor	Last Name: PRATT	First Name: CYNTHIA	Middle Name: C.	
	Residence and Citizenship	City: MISSION VIEJO	State or Foreign Country: CALIFORNIA	Country Of Citizenship: U.S.A.	
	Post Office Address	Post Office Address: 23436 Ancia Lane	City: Mission Viejo	State or Country: CA	Zip Code: 92691
4	Full Name of Inventor	Last Name: BATOOSINGH	First Name: AMY	Middle Name: L.	
	Residence and Citizenship	City: MISSION VIEJO	State or Foreign Country: CALIFORNIA	Country Of Citizenship: U.S.A.	
	Post Office Address	Post Office Address: 28472 Casanal	City: Mission Viejo	State or Country: CA	Zip Code: 92692

(X) Applicant hereby claims the benefit under 35 U.S.C. §120 from pending application serial number

10/126,790, filed April 19, 2002, the contents of which prior filed application is hereby incorporated by reference in its entirety into the application filed herein.

- (X) The pending parent application serial number 10/126,790 is not abandoned by this filing.
- (X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.
- (X) The filing fee is calculated below:

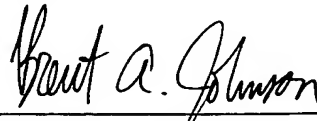
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$770.00	\$770.00
Total Claims	25 minus 20 =	-5-	\$18.00	\$90.00
Independent Claims	2 minus 3 =	-0-	\$84.00	\$0.00
If application contains any multiple dependent claims, then add			\$280.00\$	\$0.00
TOTAL FILING FEE				\$860.00

- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

Please address all future inquires and communications to:

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 Fax: 714-246-4249

Respectfully submitted,



BRENT A. JOHNSON
 Registration No. 51,851
 Agent of Record

Date: October 13, 2003